



1997 ECONOMIC CENSUS
MOTOR VEHICLES PARTS AND SUPPLIES

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

WH-5013

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries
2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 ☐ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation – Give date at right
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

• Preferred
Acceptable

Bil-
lions
(000)

1

126

Dol-
lars
(000)

629

Item 4. DOLLAR VOLUME OF BUSINESS

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

Bil.

Mil.

Thou.

Dol.

010

b. Did this establishment earn commissions for the sale of merchandise?

121

1 ☐ Yes – Go to line c
2 ☐ No – Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil.

Mil.

Thou.

Dol.

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE – If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent

124

%

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil.

Thou.

Dol.

125

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil.

Thou.

Dol.

030

b. First quarter (January–March)

031

Item 6. EMPLOYMENT

Number

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

b. List the above employees by the employee's primary function:

Number

(1) Selling

131

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other – Specify

135

NOTE – The sum of lines 1 through 5 should equal total employment

Item 7. OPERATING EXPENSES

Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)

Mil.

Thou.

Dol.

040

Item 8. INVENTORIES

a. Did you have inventories at the end of 1996 or 1997?

180

1

☐

Yes – Complete the remainder of the item

2

☐

No – Skip to item 9

b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

185

1

☐

Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)

2

☐

No – Complete only line c

End of 1997

End of 1996

Mil.

Thou.

Dol.

Mil.

Thou.

Dol.

046

047

c. Total inventories

181

186

(1) Amount not subject to LIFO costing

182

187

(2) Amount subject to LIFO costing (gross)

183

188

(a) Amount of the LIFO reserve

184

189

(b) LIFO value of the line c(2) (net)

NOTE – The sum of lines c(1) and c(2) should equal line c

The sum of lines c(2a) and c(2b) should equal line c(2)

Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997

PURCHASES AT COST VALUE

BiL.

Mil.

Thou.

Dol.

Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)

160

NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section

Item 10. SALES BY CLASS OF CUSTOMER

Report the percentage of this establishment’s total sales in 1997 (item 4a) to each class of customer.

Whole percent of sales

141

a. Export sales

142

b. Restaurants, hotels, food services, and contract feeding

143

c. Retailers and repair shops for resale or repair

144

d. Other wholesale establishments for resale

145

e. Industrial users for production (manufacturing and mining)

146

f. Business users for consumption, not for resale

147

g. Farmers (for farm use)

148

h. Household consumers and individual users

149

i. Builders and contractors

150

j. Governmental bodies (Federal, State, and local)

k. TOTAL (Sum of lines a through j should total 100%)

100%

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment’s PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

(1) Motor vehicle parts and supplies

(a) New parts – warehouse distributor (selling primarily to jobbers or other wholesalers) . .

501310

(b) New parts – jobbers (selling primarily to retailers and repairshops)

501329

(c) Used parts dealer

501500

(d) Petroleum products marketing equipment (equipment used by gasoline service stations and bulk plants)

501340

(2) Tires and tubes

501409

(3) Auto repair shop

753000

(4) Other kind of business – Specify

777777

b. Selling characteristics

(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.

068

From physical displays of priced merchandise . .

1

☐

From a counter (little or no display)

2

☐

From a warehouse or office

3

☐

Other – Describe

4

☐

(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.

069

Location and store attractiveness

1

☐

Advertising to the general public, including direct mail advertising

2

☐

Advertising to the trade or calls directly to customers.

3

☐

Other – Describe

4

☐

c. What percent of your sales are drop-shipped and do not enter this establishment?

Percent

111

%

Item 12. TYPE OF OPERATION

What was this establishment’s PRINCIPAL type of operation in 1997? Mark (X) only ONE box.

060

a. Own-brand importer and marketer

☐

14

b. Merchant wholesaler (buying and selling on own account)

(1) Importer

☐

12

(2) Exporter

☐

13

(3) Merchant wholesale distributor or jobber

☐

11

c. Manufacturers’ sales branches and offices

☐

20

d. Agent, broker, and commission merchant

(1) Auction company

☐

41

(2) Broker (representing buyers and sellers)

☐

42

(3) Commission merchant

☐

43

(4) Import agent

☐

44

(5) Export agent

☐

45

(6) Manufacturers’ agent

☐

46

e. Other broker or agent – Specify type

☐

77

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CONTINUE ON PAGE 3

<div>Item 14. LEGAL FORM OF ORGANIZATION</div> <div>Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.</div> <div><div>003</div><div>1</div><div><input type="checkbox"/></div><div>Individual owner (sole proprietorship)</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Partnership</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Cooperative association (taxable)</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Cooperative association (tax-exempt)</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Government – Specify</div><div></div></div> <div><div>0</div><div><input type="checkbox"/></div><div>Corporation (Do not mark if any form of cooperative association)</div></div> <div><div>9</div><div><input type="checkbox"/></div><div>Other – Specify</div><div></div></div>				
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 Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997? Number 079 If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper. Estimates are acceptable if book figures are not available. | | | | | | | |---|-------|--|----------------|-------|------| | Name | | 1997 | Mil. | Thou. | Dol. | | Number and street | | Sales | 081 | | | | City | State | ZIP Code | Annual payroll | 082 | | | 1 Kind-of-business description | | Paid employees for pay period including March 12 | | | | | | | 083 | | | | | Type of operation (choose from item 12) | | Census use | 088 | | | | | | | 089 | | | | | | | | | | |---|-------|--|----------------|-------|------| | Name | | 1997 | Mil. | Thou. | Dol. | | Number and street | | Sales | 081 | | | | City | State | ZIP Code | Annual payroll | 082 | | | 2 Kind-of-business description | | Paid employees for pay period including March 12 | | | | | | | 083 | | | | | Type of operation (choose from item 12) | | Census use | 088 | | | | | | | 089 | | | | | | | | | | |---|-------|--|----------------|-------|------| | Name | | 1997 | Mil. | Thou. | Dol. | | Number and street | | Sales | 081 | | | | City | State | ZIP Code | Annual payroll | 082 | | | 3 Kind-of-business description | | Paid employees for pay period including March 12 | | | | | | | 083 | | | | | Type of operation (choose from item 12) | | Census use | 088 | | | | | | | 089 | | | | | | | || Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 1 ☐ Yes – Complete this item 2 ☐ No – Skip to item 16 b. Is this company owned or controlled by another company? Enter name, address, and EIN of the owning or controlling company 097 1 ☐ Yes → 2 ☐ No EIN (9 digits) c. Does this company own or control any other company or companies? Enter name, address, and EIN of the owned or controlled company 098 1 ☐ Yes → 2 ☐ No EIN (9 digits) | | | | | REMARKS – Please use this space for any explanations that may be essential in understanding your reported data. | | | | |
| Item 16. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions. | | | | | | | |--------------------------------|-----------|--------|-----------|-------|---| | Period covered by this report | FROM: Mo. | Year | TO: Mo. | Year | Name of person to contact regarding this report – Print or type | | Telephone | Area code | Number | Extension | Title | | | Signature of authorized person | | | | Date | | | | | | |